

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

MEDICAL EXPENDITURE PANEL SURVEY

NATIONAL NURSING HOME EXPENDITURE SURVEY

FACILITY BACKGROUND AND HEALTH INSURANCE QUESTIONNAIRES

Version 1.1

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and AHCPH, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of AHCPH without the consent of the individual or the establishment in accordance with Section 903(c) of the Public Health Service Act (42 U.S.C. 299a-1(c)).

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer, Attention: PRA, United States Public Health Service, Paperwork Reduction Project (0935-0099), Hubert H. Humphrey Building, Room 7-37F, 200 Independence Avenue, S.W., Washington, D.C. 20201.

OVERALL PROGRAMMING SPECIFICATIONS FOR FACILITY BACKGROUND AND HEALTH INSURANCE

A. Format

1. There are three potential elements to any question: instructions before the question, the question itself (including answer categories), and instructions following the question. The first two are identified by the question number, and the last one is specified by "Programmer Specifications."

2. In addition to questions, there are also double-lined boxes (labelled BOX BQ1, BOX BQ2, etc.) that contain instructions which do not include a question.

B. Flow

1. If no flow instructions are specified, default to the next question box.

2. Flow may be specified in one of two ways. Simple flow -- which depends only on the question currently being asked -- may be expressed in parentheses after the question categories. Anything more than simple flow (including flow instructions that involve missing data such as DK or RF, or that involve answers to previous questions) are expressed in the double-lined boxes, as described above.

C. Displays

1. Gender. We know the gender of the SP, either from sampling or from question RH6 in Residence History. If the gender is male, display "he" wherever a "{she/he}" is encountered; if female, display "she"; otherwise, display "he or she". Follow the same rules for "{her/him}" and "{her/his}". If SP gender is male, display "wife" wherever a "{husband/wife/spouse}" is encountered; if gender is female, display "husband"; otherwise, display "spouse".

2. Tense. We know whether the SP is alive or deceased, either from sampling or from question RH7 in Residence History. If the SP is dead, use the past tense; otherwise, use the present tense. Relevant word choices include "{is/was}", "{Is/Was}", "{lives/lived}", and "{today/Date of Death}".

3. Facility/Eligible Unit. From the facility questionnaire, we know whether the facility has any affiliated units, and if so, we know the unit in which the SP was sampled. For the word choice {FACILITY/ELIGIBLE UNIT}, display the unit where the SP was sampled if the facility has such units; otherwise, display the facility name.

4. Dates. If "DAY" is missing, display "MO", "YR". If "MO" is missing, display just "YR". Otherwise, display "MO", "DAY", "YR".

5. DK/RF. Unless otherwise specified, do not display DK and RF.

6. MEDICAID DISPLAY: Display {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching the state of the facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

MGMT SYSTEM SPEC.:

1. Unless otherwise specified, allow DK and RF.

2. FIRST ADMINISTRATION: Items for which data retrieval with another facility respondent is required are specified as are those items which require data retrieval with a community respondent. If not specified, then data retrieval is not required.

3. DATA RETRIEVAL: Retrieval respondents will be identified as part of the FROG process (see FACILITY QUESTIONNAIRE specifications).

BACKGROUND QUESTIONNAIRE (BQ)

BOX BQ1 | If first time through BQ for this respondent, continue; else, go to BQ1PRE2.

BQ1PRE1
Display Stay Roster

BACKGROUND

BQ1PRE1

The following questions are about {SP's} background including {her/his} life-time use of long-term care, demographics, and {her/his} immediate family. In answering some of these questions, you might find it useful to refer to various records. Some of these questions refer to specific points in time while others are more general in nature. I'd like to begin by asking a few questions about prior use of long-term care.

PRESS ENTER TO CONTINUE.

BOX BQ2 | Go to BQ1.

BQ1PRE2
Display Stay Roster

BQ1PRE2

The following questions are about {SP's} background.

PRESS ENTER TO CONTINUE.

BQ1
If IAD is known, display {IAD FACILITY} and "IAD".
If IAD is unknown and KAD is known, display "KAD": If facility has no special care or affiliated units, display {FACILITY}; else display {KAD UNIT}.
If IAD and KAD are unknown, display "SAD": If facility has no special care or affiliated units, display {FACILITY}; else display {SAD UNIT}.

BQ1

The first question is about the time before {SP} was a resident of {IAD FACILITY/FACILITY/KAD UNIT/SAD UNIT} on or about {IAD/KAD/SAD}. Before that, had {she/he} ever been in a nursing home, residential care facility, or some other kind of long-term care facility?

YES	1	
NO	0	(BQ9PRE)
DK	-8	(BQ9PRE)
RF	-7	(BQ9PRE)

PROGRAMMER SPECS:
Set flag for date used: IAD/KAD/SAD.

BQ2

What type of facility was that?

PROBE: Which of these was the first one?

- NURSING HOME 1
- RESIDENTIAL CARE FACILITY 2
- OTHER LONG-TERM CARE FACILITY 3

PRESS F1 FOR DEFINITIONS OF RESIDENTIAL CARE OR LONG-TERM CARE FACILITY.

BQ3

Display Facility type entered in BQ2; else if BQ2 = -8 (DK) or -7 (RF), display all with ", " and "or".

BQ3

When was the first time that {SP} ever entered {a nursing home {,}/a residential care facility {or}/some other kind of long-term care facility)?

MONTH () YEAR 19()

- DK -8
- RF -7

PROGRAMMER SPECS:

If FLU YR > IAD/KAD/SAD YR, display error message as overlay: "Year must be same as or before {IAD/KAD/SAD YR}. Remind Respondent that (she/he) told you earlier about a nursing home {SP} entered on {IAD/KAD/SAD}. Press CTRL/K to enter explanation in comments."

BOX BQ3	If DK to YR, go to BQ4. If YR = RF, go to BQ5. If FLU YR = IAD/KAD/SAD YR, go to BQ9PRE, otherwise go to BQ5.
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BQ4

About how long ago was it? Would you say...

- about 1 year, 1
- about 2 years, 2
- about 5 years, or 3
- 10 or more years? 4

BQ5

If IAD is known, display {IAD FACILITY}; else

If KAD is known, display "the nursing home in which {she/he} was a resident on or about {KAD}"; else

Display "the nursing home in . . . {SAD}".

BQ5

How many different nursing homes or other long-term care facilities had {SP} been in prior to {{IAD FACILITY}/the nursing home in which {she/he} was a resident on or about {KAD/SAD}}?

NUMBER OF LTC FACILITIES

PROGRAMMER SPECS:

Hard, 1-20; soft, 1-9.

BQ6

If DK or RF to "YR" in BQ3, do not display "in {FLU YR}."

BQ6

Between {her/his} first use of long-term care (in {FLU YR}) and when {she/he} entered a nursing home on or about {IAD/KAD/SAD}, how much of that time did {SP} spend in a nursing home or other long-term care facility? Would you say ...

- all, 1 (BQ9PRE)
- more than half, or 2
- half or less than half? 3 (BQ8)
- DK -8 (BQ9PRE)
- RF -7 (BQ9PRE)

BQ7

Would you say more or less than three-fourths of {her/his} time?

MORE	1	(BQ9PRE)
LESS	2	(BQ9PRE)
DK	-8	(BQ9PRE)
RF	-7	(BQ9PRE)

BQ8

Would you say more or less than one-fourth of {her/his} time?

MORE	1
LESS	2

BQ9PRE

Display "level of education" if HA51 of Health Status is -8 (DK), -7 (RF), or -1; else do not display.

BQ9PRE

DEMOGRAPHICS

The next few questions are about {SP's} {level of education,} race, ethnicity, and military service.

PRESS ENTER TO CONTINUE.

BOX BQ4	If HA51 of Health Status is -8 (DK), -7 (RF), or -1, go to BQ9; else go to BQ10.
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BQ9

As far as you know, what {is/was} the highest level of schooling {SP} completed?

IF DK, USE CATEGORIES AS PROBES.

NO FORMAL SCHOOLING	1
ELEMENTARY (1ST-8TH GRADES)	2
SOME HIGH SCHOOL (9TH-12TH GRADES)	3
COMPLETED HIGH SCHOOL, NO COLLEGE	4
TECHNICAL OR TRADE SCHOOL	5
SOME COLLEGE	6
COLLEGE GRADUATE	7
GRADUATE DEGREE	8
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is the best respondent.

BQ10

Which of the following best describes {her/his} racial background? {Is/Was} {SP}...

American Indian,	1
Alaskan Native,	2
Asian or Pacific Islander,	3
black, or	4
white?	5
OTHER (SPECIFY: _____)	91

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for retrieval with another facility respondent. Do not retrieve with a community respondent.

BQ11

{Is/Was} {SP} of Hispanic descent?

YES 1
NO 0

BOX BQ5 | If SP < 15 years old, go to BQ18PRE; else, continue.

BQ12

Did {SP} ever serve on active duty in the Armed Forces?

YES 1
NO 0

BQ13PRE

IMMEDIATE FAMILY

Next I am going to ask you some questions about {SP's} marital status and immediate family.

PRESS ENTER TO CONTINUE.

BOX BQ6 | If SP = CR, continue; else, go to BQ14.

BQ13

On January 1, 1996, was {SP} married, widowed, divorced, separated, or never married?

MARRIED	1	(BQ15)
WIDOWED	2	
DIVORCED	3	
SEPARATED	4	
NEVER MARRIED	5	(BQ18PRE)
DK	-8	
RF	-7	

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for retrieval with another facility respondent. If still missing, retrieve with a community respondent. The facility respondent is the best respondent.

BQ14

If KAD is known, display "KAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {KAD UNIT}.

If KAD is unknown, display "SAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {SAD UNIT}.

BQ14

When {SP} was admitted to {FACILITY/KAD UNIT/SAD UNIT} on {KAD/SAD}, was {he/she} married, widowed, divorced, separated, or never married?

MARRIED	1	(BOX BQ6a)
WIDOWED	2	(BQ18PRE)
DIVORCED	3	(BQ18PRE)
SEPARATED	4	(BQ18PRE)
NEVER MARRIED	5	(BQ18PRE)
DK	-8	(BQ18PRE)
RF	-7	(BQ18PRE)

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for retrieval with another facility respondent. If still missing, retrieve with a community respondent. The facility respondent is the best respondent.

BOX BQ6a	If SP = CR, go to BQ18PRE; else, continue.
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BQ15

Please look at this card and tell me where {SP's} {husband/wife} lives now.

SHOW
CARD
BQ1

- IN THIS FACILITY 1
- OTHER NURSING HOME/REHAB CENTER 2
- RESIDENTIAL CARE FACILITY 3
- CCRC/RETIREMENT HOME/CENTER 4
- HOSPITAL 5
- PRIVATE HOME OR APARTMENT 6
- SPOUSE DECEASED 7
- OTHER (SPECIFY: _____) 91

BOX BQ7	If BQ15 = 1 and FACILITY has more than one part, go to BQ15a; else if BQ15 = 6, go to BQ16; otherwise go to BOX BQ9.
---------	--

BQ15a

Display Version 4 of the Place Roster and "OTHER PLACE".

BQ15a

In which part of {LARGER FACILITY} does {he/she} live?

PROBE: Is it [READ NAMES FROM PLACE ROSTER]?

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER.
TO EXIT, PRESS ESC.

BOX BQ8	Go to BOX BQ9.
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BQ16

Who owns that home or apartment, {SP} and/or {her/his} spouse, a relative, or does someone else, such as a landlord, own it?

- SP/SPOUSE OWNS HOME/APARTMENT 1
- RELATIVE OWNS HOME/APARTMENT 2
- SOMEONE ELSE OWNS HOME/APARTMENT 3

BOX BQ9	If BQ15 = "7" go to BQ18PRE; else go to BQ17.
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BQ17

In general, compared to other people of {her/his} age, would you say {SP's} {husband's/wife's} health is excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is best respondent.

BQ18PRE

The next few questions are about {SP's} immediate family.

PRESS ENTER TO CONTINUE.

BOX
BQ10

If SP < 15 years old, go to BQ20; else, continue.

BQ18-21

SAMPLE LAYOUT

Display as a form. As cursor moves through entry fields, question text varies.

BQ18-21

How many {VARIABLE TEXT} altogether does {SP} have, including any who may live far away?

BQ18

Living daughters? ()

PRESS F1 FOR DEFINITION OF DAUGHTER.

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is the best respondent.

BQ19

Living sons? ()

PRESS F1 FOR DEFINITION OF SON.

BQ20

Living sisters? ()

PRESS F1 FOR DEFINITION OF SISTER.

BQ21

Living brothers? ()

PRESS F1 FOR DEFINITION OF BROTHER.

BOX
BQ11

Check SP date of birth or age from Residence History or Sampling.
If SP AGE \geq 65, go to BQEND; else go to BQ22-23.

BQ22-23

SAMPLE LAYOUT

BQ22-23

Is {SP's} {VARIABLE TEXT} still living?

BQ22

Mother?

YES = 1, NO = 0

()

BQ23

Father?

()

PRESS F1 FOR DEFINITIONS OF MOTHER AND FATHER.

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is the best respondent.

BOX
BQ12

1. Determine facility CRR status: If facility refused to furnish SP names or if facility refused to identify community contacts (FG4 = -7 (REFUSED)), go to BQEND. Else, go to step 2.
2. Determine respondent eligibility for CRR: If RH, EX, HS, PM, IN, or USE have been completed (questionnaire disposition code = C or MD) by this respondent for this SP, go to BQEND. Else, go to BQ24.

BQ24

ADMINISTER THE PAPER COMMUNITY RESPONDENT ROSTER (CRR).

BQEND

YOU HAVE COMPLETED THE BACKGROUND SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.

BQ MISSING DATA (MD)

Overall Programming Specifications

All specifications given on page 1 are applicable in the BQ Missing Data Module.

After entering a response to the last MD item in BQ missing data, the cursor returns to the applicable end screen.

BQ MISSING DATA

BQ Data Retrieval

If there is any data retrieval to be done for an SP, that row in the BQ column of the NAVIGATE screen will be coded "MD".

SAMPLE LAYOUT

NAVIGATE

SELECT THE SP AND SECTION YOU WOULD LIKE NEXT

Sample Type	Name	RH	HS	PM	BQ	IN	{US	EX	CRR}
CR	Agatha...	C	C		MD				{NA}
F2	Brenda...	RDY			NA	NA			{NA}
CR	Carmen...	NA	NA	NA	NA	NA	{NA}	{NA}	{NA}
F3	Darnelle...	RDY							
TR	Edith...	RDY			NA	NA			
TR	Frances...	RDY			NA	NA			{NA}

(More Below)

If "MD" is selected, the flow is to BQ_MISS.

SAMPLE LAYOUT

BQ_MISS

{DATE}
MISSING DATA

INTERVIEWER: WHAT WOULD YOU LIKE TO DO?

()

0. RETURN TO NAVIGATE SCREEN

1. RETRIEVE BQ MISSING DATA (BQ_MISS1)

{INTERVIEWER MESSAGE}

PROGRAMMER SPECS:

When item 1 is selected, the interviewer is presented with the missing data summary screen. This screen provides for review of all BQ missing data for the SP. It will have a permanent header, centered, that says: THE FOLLOWING ITEMS ARE MISSING FROM BQ. CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE OF THESE ITEMS.

After reviewing these items and pressing <ENTER> on the last of the review screens, the interviewer is presented with the respondent roster (RR1) in order to select the respondent who will attempt to answer the missing data questions.

If a respondent is selected, the application is steered to the first of the missing data items followed by all remaining missing data items. After entering an answer for each item and there is no missing data, the interviewer is returned to BQEND.

The items in BQ that may be flagged for data retrieval are as follows:

BQ10 (race)
BQ13 or BQ14 (marital status)

"MISSING DATA" on the BQ_MISS screen and at the navigate screen can be set to COMPLETE if none of the items in the missing data module are flagged "-8" (DK). Otherwise, the MD module remains open.

If there is no BQ missing data, that is "1" is not a viable entry, display a message at the bottom of this screen: "THERE IS NO BQ MISSING DATA."

BQ_MISS1

For any critical items with invalid responses (as specified in the programmer specifications for the Background Questionnaire), display flush left, the screen name of the missing item and in a second column the screen text for that item. Display the items in the same sequence in which they appear in the application.

BQ_MISS1

THE FOLLOWING ITEMS ARE MISSING FROM BQ.
CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE OF THESE ITEMS.

{BQ10	SP'S RACIAL BACKGROUND?}
{BQ13	SP'S MARITAL STATUS ON JANUARY 1, 1996?}
{BQ14	SP'S MARITAL STATUS ON KAD?}

PRESS ENTER TO CONTINUE.

PROGRAMMER SPECS: After pressing enter on the last BQ_MISS screen, the application should go to the respondent roster with the cursor on the first entry in the roster, RR1.

RR1

SAMPLE LAYOUT

RESPONDENT ROSTER

RR1	RR2
NAME	TITLE

PROGRAMMER SPECS:

If coming to the Respondent Roster from BQ_MISS1, <ESCAPE> from the roster without identification of a respondent should return to the missing data management screen (BQ_MISS). If coming to the roster from BQ_MISS1 and a name is selected/added, <ESCAPE> from the roster takes the interviewer to the first facility level item flagged as missing.

BQ10

Which of the following best describes {her/his} racial background? {Is/Was} {SP}...

IF R NEVER WILL KNOW, ENTER SHIFT/5.

- American Indian, 1
- Alaskan Native, 2
- Asian or Pacific Islander, 3
- black, or 4
- white? 5
- OTHER (SPECIFY: _____) 91

MANAGEMENT SYSTEM SPECS:

If NEVER WILL KNOW, flag this item as still MISSING DATA. Do not retrieve with a community respondent.

BQ13

On January 1, 1996, was {SP} married, widowed, divorced, separated, or never married?

IF R NEVER WILL KNOW, ENTER SHIFT/5.

- MARRIED 1 (BQEND)
- WIDOWED 2 (BQ14)
- DIVORCED 3 (BQ14)
- SEPARATED 4 (BQEND)
- NEVER MARRIED 5 (BQ14)
- DK -8 (BQ14)
- RF -7 (BQ14)

MANAGEMENT SYSTEM SPECS:

If NEVER WILL KNOW, flag this item as still MISSING DATA. If still missing, retrieve with a community respondent. The facility respondent is the best respondent.

BQ14

If KAD is known, display "KAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {KAD UNIT}.

If KAD is unknown, display "SAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {SAD UNIT}.

BQ14

When {SP} was admitted to {FACILITY/KAD UNIT/SAD UNIT} on {KAD/SAD}, was {SP} married, widowed, divorced, separated, or never married?

IF R NEVER WILL KNOW, ENTER SHIFT/5.

MARRIED	1
WIDOWED	2
DIVORCED	3
SEPARATED	4
NEVER MARRIED	5
DK	-8
RF	-7

MANAGEMENT SYSTEM SPECS:

If NEVER WILL KNOW, flag this item as still MISSING DATA. If still missing, retrieve with a community respondent. The facility respondent is the best respondent.

HEALTH INSURANCE QUESTIONNAIRE (IN)

BOX IN1 If first time through IN for this respondent, continue; else, go to IN1PRE2.

IN1PRE1

Display Stay Roster.

If HA44B, HA47, or HA50 = -1, -5, -7, or -8, display "We will ask ... number(s)."; else, do not display.

ID NUMBER TYPE:

Display {Medicare, MEDICAID DISPLAY, and Social Security} if HA44B, HA47, and HA50 = any combination of -1, -5, -7, or -8.

Else, display {Medicare, and MEDICAID DISPLAY} if HA44B and HA47 = any combination of -1, -5, -7, or -8.

Else, display {Medicare and Social Security} if HA44B and HA50 = any combination of -1, -5, -7 or -8.

Else, display {MEDICAID DISPLAY and Social Security} if HA47 and HA50 = any combination of -1, -5, -7, or -8.

Else, display {Medicare} if HA44B = -1, -5, -7, or -8 and HA47 and HA50 = any other characters.

Else, display {MEDICAID DISPLAY} if HA47 = -1, -5, -7, or -8 and HA44B and HA50 = any other characters.

Else, display {Social Security} if HA50 = -1, -7, or -8 and HA44B and HA47 = any other characters.

IN1PRE1

HEALTH INSURANCE

The following questions are about {SP's} health insurance. {We will ask for {her/his} {ID NUMBER TYPE} number(s).} It might be useful to have any records available that contain information about health insurance. This information is voluntary and is collected under the authority of Title IX, Section 902(a) of the Public Health Service Act (42 U.S.C. 299a). There will be no effect on {SP's} benefits and no information will be given to any government or nongovernment agency other than the sponsoring agencies. We need this information to supplement data we will gather about {her/his} insurance coverage, particularly under Medicare and {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}, and to determine {her/his} vital status after 1996. Information will be used for research purposes only; it will be held in the strictest confidence and will not be released to anyone without written consent in accordance with Sections 903(c) and 808(d) of the Public Health Service Act (42 U.S.C. 299a-1(c) and 242m(d)).

PRESS ENTER TO CONTINUE.

BOX IN2 Go to BOX IN3.

IN1PRE2

Display Stay Roster.

IN1PRE2

The following questions are about {SP's} health insurance.

PRESS ENTER TO CONTINUE.

BOX IN3 If HA47 = -7, -8, -5, or -1 continue; else, go to IN6.

IN1
MEDICAID DISPLAY.

IN1

Has {SP} ever been covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}?

YES	1	
NO	0	(BOX IN7)
PENDING	2	(BOX IN7)
DK	-8	(BOX IN7)
RF	-7	(BOX IN7)

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for Rounds 2 or 3 retrieval with billing or expenditures respondent if not the Round 1 IN respondent.

If pending, flag this item for Rounds 2 or 3 retrieval.

IN2
MEDICAID DISPLAY.

IN2

Do you have a document that shows {SP's} most current {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?

YES	1	
NO	0	
DK	-8	
RF	-7	

IN3

If IN2 = "1", display "Please read me {SP's} MEDICAID DISPLAY ID number from the document"; else display "Please tell me {SP's} MEDICAID DISPLAY ID number."

IN3

{Please read me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the document/Please tell me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number.}

_____ MEDICAID ID NUMBER

DK -8 (IN6)
RF -7 (IN6)

IN4

MEDICAID DISPLAY

IN4

I'd like to verify the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID ID NUMBER}. Is this correct?

YES 1 (IN6)
NO 0
DK -8 (IN6)
RF -7 (IN6)

IN5

MEDICAID DISPLAY

IN5

Let me enter it again. (What {is/was} {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

_____ (IN4)
MEDICAID ID NUMBER

DK -8 (IN6)
RF -7 (IN6)

IN6

MEDICAID DISPLAY.

If SP is CR, display "on January 1, 1996"; else:If KAD is known, display "KAD": If facility has no special care or affiliated units, display {FACILITY}; else, display (KAD UNIT).

If KAD is unknown display, "SAD": If facility has no special care or affiliated units, display {FACILITY}; else, display (SAD UNIT).

IN6

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} {on January 1, 1996/when {she/he} was admitted to {FACILITY/KAD UNIT/SAD UNIT} on {KAD/SAD}}?

YES	1
NO	0 (BOX IN7)
DK	-8 (BOX IN7)
RF	-7 (BOX IN7)

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for Rounds 2 or 3 retrieval with billing or expenditures respondent if not the Round 1 IN respondent.

IN7

MEDICAID DISPLAY.

IN7

In what year was {she/he} first covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID}}?

YEAR 19()

PROGRAMMER SPECS:

Hard, 60-96; soft, 74-96.

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is the best respondent.

BOX IN4	If IN7=-8, or IN7=-7 and SP≠CR, go to IN10; else if IN7=-7 and SP=CR, go to IN8; else, if IN7YR > 92, go to IN9; Otherwise, go to BOX IN5.
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IN8

MEDICAID DISPLAY.

If KAD is known, display "KAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {KAD UNIT}.

If KAD is unknown, display "SAD": If facility has no special care or affiliated units, display {FACILITY}; else, display {SAD UNIT}.

IN8

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} when {she/he} was admitted to {FACILITY/KAD UNIT/SAD UNIT} on {KAD/SAD}?

YES	1	(BOX IN5)
NO	0	(BOX IN5)
DK	-8	(BOX IN5)
RF	-7	(BOX IN7)

IN9

Display months of the year plus "DON'T KNOW" and "REFUSED" as a select only one roster.

MEDICAID DISPLAY.

IN9

In what month did {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} begin?

SELECT ONLY ONE.

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

BOX IN5	If (IN7YR) ≥ KAD YR, go to BOX IN6; else go to IN10.
---------	--

IN10

If IN7 and IN9 not missing, display "in {IN9 MO} of 19{IN7 YR}";
else, if IN7 not missing, display "in 19{IN7 YR}"; otherwise, display "when ... first began".
MEDICAID DISPLAY.

IN10

Please look at this card and tell me where {SP} was living {in {DATE FROM IN7/IN9.}/{when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} coverage first began.}

SHOW
CARD
IN1

- IN THIS FACILITY 1
- OTHER NURSING HOME/REHAB CENTER 2
- RESIDENTIAL CARE FACILITY 3
- CCRC/RETIREMENT HOME/CENTER 4
- HOSPITAL 5
- PRIVATE HOME OR APARTMENT 6
- OTHER (SPECIFY)_____ 91

MANAGEMENT SYSTEM SPECS:

Must be asked of a community respondent. Community respondent is the best respondent.

BOX IN6	If IN10 = 1 or -1 and FACILITY has more than one part, continue; else, go to BOX IN7.
---------	---

IN11

Display Version 4 of the Place Roster and "OTHER PLACE".
If IN10=-1, display "when ... first began".
MEDICAID DISPLAY

IN11

In which part of {LARGER FACILITY} did {he/she} live {when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} coverage first began.}?

PROBE: Is it [READ NAMES FROM PLACE ROSTER]?

USE ARROW KEYS. TO SELECT, PRESS ENTER.
TO EXIT, PRESS ESC.

BOX IN7	If HA44B (Medicare number) = -7, -8, or -1 continue; else, go to IN13.
---------	--

IN12-13

SAMPLE LAYOUT

If SP is CR, display "January 1, 1996"; else display "{KAD/SAD}".

IN12-13

Was {SP} covered by {VARIABLE TEXT} of Medicare on {January 1, 1996/{KAD/SAD}}?

IN12

YES = 1, NO = 0

Part A?

()

IN13

Part B?

()

PRESS F1 FOR PART A AND PART B DEFINITIONS.

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag IN12 and/or IN13 for Rounds 2 or 3 retrieval with billing or expenditure respondent.

BOX IN7a	If IN12 and IN13 = 0 or IN12=-1, go to IN18; else, continue.
----------	---

IN19
If IN18 = "1", display IN19 as an overlay to IN18.

IN19

What is the name of the insurance company?

PROGRAMMER SPECS:
Disallow DK or RF to IN19, and display error message: If refusal: "Enter RF in text lines and use comments (CTRL/K) to describe circumstances". If don't know: "Enter DK in text lines and use comments (CTRL/K) for a brief description of the coverage."

IN20
If SP is CR, display "January 1, 1996"; else display "{KAD/SAD}".

IN20

On {January 1, 1996/{KAD/SAD}}, was {SP} covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?

YES	.....	1	(IN21)
NO	.....	0	(IN22)
DK	.....	-8	(IN22)
RF	.....	-7	(IN22)

IN21
If IN20 = "1", display IN21 as an overlay to IN20.

IN21

What is the name of the insurance company?

PROGRAMMER SPECS:
Disallow DK or RF to IN21, and display error message: If refusal: "Enter RF in text lines and use comments (CTRL/K) to describe circumstances". If don't know: "Enter DK in text lines and use comments for a brief description of the coverage."

IN22
If SP is CR, display "January 1, 1996"; else, display "{KAD/SAD}".

IN22

Was {SP} covered by either CHAMPUS or CHAMPVA for hospital or physician care on {January 1, 1996/{KAD/SAD}}?

YES	1
NO	0

PRESS F1 FOR EXPLANATION OF CHAMPUS AND CHAMPVA.

IN23
If SP is CR, display "January 1, 1996"; else, display "{KAD}".

IN23

Was {SP} covered by any other Department of Veterans Affairs (VA) program or contract on {January 1, 1996/{KAD}}?

YES	1
NO	0

IN24
If IN6=1, MEDICAID DISPLAY; else display "Was".
If SP is CR, display "January 1, 1996"; else, display "{KAD}".

IN24

{Besides {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}, was/Was} {SP} covered by any other public assistance health insurance program on {January 1, 1996/{KAD}}?

YES	1	
NO	0	(BOX IN8)
DK	-8	(BOX IN8)
RF	-7	(BOX IN8)



IN THIS FACILITY

OTHER NURSING HOME OR REHAB CENTER:

Nursing homes or rehab centers are licensed or certified facilities that provide nursing services 24 hours a day to the residents. Rehabilitation centers provide skilled nursing care or rehabilitation services and other related health services.

A RESIDENTIAL CARE FACILITY:

Residential care facilities or apartment buildings offer residents help with activities, such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them). These facilities are sometimes called assisted-living communities, personal care homes, board and care homes, or domiciliary homes.

CCRC OR RETIREMENT CENTER OR HOME:

CCRC and retirement centers or homes may have nursing home facilities on a campus along with other housing and services, such as apartments, board and care services, and often a variety of community-based long-term care services.

A HOSPITAL

A PRIVATE HOME OR APARTMENT



IN THIS FACILITY

OTHER NURSING HOME OR REHAB CENTER:

Nursing homes or rehab centers are licensed or certified facilities that provide nursing services 24 hours a day to the residents. Rehabilitation centers provide skilled nursing care or rehabilitation services and other related health services.

A RESIDENTIAL CARE FACILITY:

Residential care facilities or apartment buildings offer residents help with activities, such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them). These facilities are sometimes called assisted-living communities, personal care homes, board and care homes, or domiciliary homes.

CCRC OR RETIREMENT CENTER OR HOME:

CCRC and retirement centers or homes may have nursing home facilities on a campus along with other housing and services, such as apartments, board and care services, and often a variety of community-based long-term care services.

A HOSPITAL

A PRIVATE HOME OR APARTMENT

BQ AND IN HELP (F1) SCREENS

BQ2

RESIDENTIAL CARE FACILITY

Assisted living facilities, board and care home, domiciliary care homes, personal care homes, and rest homes are various terms for residential care facilities: places that offer residents help with activities such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them.)

Some other common terms for residential care facilities: (IL) shelter care facilities, community living facilities; community residential alternatives; home individualized programs.

(MD) group home for the mentally disabled; group senior assisted housing for the elderly.

(MO) residential care centers; group care homes; group homes (adult); foster care homes; group homes.

(VA) homes for adults; residential facilities.

LONG-TERM CARE FACILITY

A place that provides a residence and some surveillance and available living assistance for persons no longer willing or able to live on their own for the long term.

BQ21

"Living daughters" includes natural, adopted, and step-children.

BQ22

"Living sons" includes natural, adopted, and step-children.

BQ23

"Living sisters" includes siblings related to the sampled person by blood, adoption, or marriage.

BQ24

"Living brothers" includes siblings related to the sampled person by blood, adoption, or marriage.

BQ25

"Mother" refers to natural or step-mother.

BQ25

"Father" refers to natural or step-father.

IN12

Part A of Medicare is hospital insurance: pays part of inpatient hospital care and some nursing home, home health, and hospice care. About 98 percent of Americans over age 65 receive Part A without charge; some others, e.g., those with disabilities and those over 65 who are among the 2 percent, purchase Part A or have it purchased for them.

IN13

Part B of Medicare is supplemental medical insurance: pays part of doctors' services, outpatient hospital services, medical equipment, and some other services not covered by Part A. Persons who have Part A may purchase Part B.

IN22

CHAMPUS is a program that covers both active duty and retired military personnel, their dependents, and survivors. CHAMPVA is a program that covers disabled veterans, their dependents, and survivors. CHAMPUS and CHAMPVA do NOT include veterans or survivors monthly benefits nor plans such as the Army Health Plan, the Air Force Health Plan, and so on, that provide medical benefits to enlisted personnel, dependents, and some civilian employees.